

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE 3/5, 2007

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Low Country Medical Transport, Inc

2. (a) Street Address of Applicant 61 Hickory Hill Road
Varoville, SC 29944

- (b) Mailing address, if different from street address PO Box 912
Varoville, SC 29944-0912

- (c) Telephone Number 803-943-3939 SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

RECEIVED
MAR 9 2007
PSC SC
DOCKETING DEPT.

184920

RECEIVED
MAR 9 2007
PSC SC
DOCKETING DEPT.

[Signature]

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.
BALANCE SHEET

Balance at Time Application is Filed:
Month: February Year: 2007

Assets:	
Cash	
Receivables	
Real Estate	<u>\$ 67,000.00</u>
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets	<u>67,000.00</u>
Liabilities and Equity:	
Accounts Payable	
Notes Payable	<u>\$5000.00</u>
Mortgages Payable	<u>1175.00</u>
Equipment Obligations	<u>\$400.00</u>
Accrued Salaries and Wages	
Other Accrued Obligations	<u>\$10,000.00</u>
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	<u>16575.00</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.25, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Hampton

I, Hattie Askew

(Name of Applicant's Representative)

Owner

(Title)

of Low Country Medical Transport

the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are
true and correct.

SWORN TO BEFORE ME

At 11:25 Am

This the 2nd day of March 2007

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: MY COMMISSION EXPIRES FEB. 22, 2011



CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

FEB 20 2004

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF INCORPORATION

FILED

FEB 20 2004

Mark Hammond
SECRETARY OF STATE 5

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the proposed corporation is Low Country Medical Transport, Inc.

2. The initial registered office of the corporation is 73 Railroad Street

Street Address

Latell Hampton
City County

SC
State

29918

Zip Code

and the initial registered agent at such address is Hattie Murdaugh Askew

Print Name

I hereby consent to the appointment as registered agent of the corporation:

Hattie Murdaugh Askew
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is _____.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
<u>Common</u>	<u>\$10,000</u>
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

N/A

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

Low Country Medical Transport, IncName of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one is required):

a. Hattie Mundaugh Askew

Name3728 Charleston Highway Vannville, SC 29944AddressHattie Mundaugh Askew
Signature

b.

NameAddressSignature

c.

NameAddressSignature

7. I, Virgin Johnson, Jr., an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 2-12-04

Virgin Johnson Jr.
SignatureVirgin Johnson, Jr.Type or Print NameP.O. Box 1090AddressFairfax, SC 29827(803) 632-2700Telephone Number

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Low Country Medical Transport, Inc

For the transportation of passengers as follows:

Area to be served: Hampton, Allendale, Colleton, Barnwell,
Jasper, Bamberg, Beaufort and Orangeburg

Number of passengers: 15

Fares: Medicaid rates: \$28.63 per trip

\$ 1.00 mileage

Date 3/5/07

Lynn Sue Williams
By

Business Office Manager
Title

Rev. 8/00

INSURANCE QUOTE

The following insurance quote is for:

Low Country Medical Transport Inc
(Name of Motor Carrier)

101 Hickory Hill Road, Varnville, SC 29154
(Address of Motor Carrier)

*Notes: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium: \$18,121.00

Liability Insurance 1,000,000

The above quoted premiums are for a term of 12 months.

Progressive Group (The Ellis Agency-Hampton)
(Insurance Company Name)

P.O. Box 94739 Cleveland, Ohio 44101-4739
(Home Office Address of Company)

is familiar with the Commissioner's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-7-07

Date

Zillah C. H.

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: Low Country Medical Transport, Inc.

Address: PO Box 912, 61 Hickory Hill Road

Telephone No. 803-943-3139 Fax No. 803-943-2780

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Sworn to before me

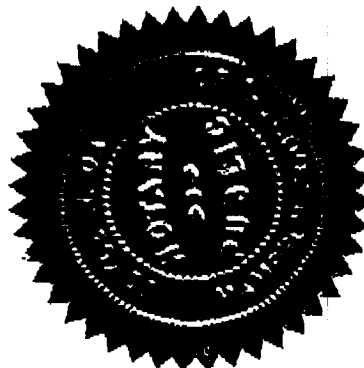
At 11:25 am

This 2nd day of March, 2007

[Signature]
(Notary Public)

Commission Expires: _____

[Signature]
(Applicant's Signature)



APPLICANT'S OATH

I, Hattie M. Askew, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Hattie M. Askew
(Applicant's Signature)

Sworn to before me
At 11:25 AM

This 2nd day of March, 2007

[Signature]
(Notary Public)

Commission Expires: MY COMMISSION EXPIRES FEB. 22, 2011

